

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035940

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 132

VS 300
Rev. 4/59

1 0465

2 8030

3 2

4 0

5 1

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7 1

8 0

9 X

10

11 333

12 5-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. STATE <u>Ark.</u> b. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West Plains Memorial Hospital</u>		Inside Limits Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ivon</u> Middle <u>Fannin</u> Last <u></u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-6-1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ark. Mo. Power Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brookland, Oklahoma</u>	
11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Paris Fannin</u>		13b. MOTHER'S MAIDEN NAME <u>Hettie Coffman</u>	
14. NAME OF HUSBAND OR WIFE <u>Jewel Fannin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>	
16. INFORMANT <u>Jewel Fannin, Rector, Ark.</u>		17. ADDRESS <u></u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>(1) Severe Brain Damage. (2) Multiple</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>abrasions and contusions of body. (3) Fracture</u> DUE TO (c) <u>left clavicle & scapula. (4) Ac. Pulm. Edema.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Highway accident.</u>		20c. TIME OF INJURY Hour <u>9</u> a.m. <u>4</u> p.m. Month, Day, Year <u>9-4-63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4 days 1963 to 7 days 1963</u>	
20f. CITY, TOWN, OR LOCATION <u>West Plains, Mo.</u>		COUNTY <u>Clay</u> STATE <u>Ark.</u>	
21. I attended the deceased from <u>4 days 1963</u> to <u>7 days 1963</u> and last saw him alive on <u>6 days 1963</u> . Death occurred at <u>745</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D. M. D.</u>		22b. ADDRESS <u>214 S. Main, West Plains, Mo.</u>	
22c. DATE SIGNED <u>8 Oct 63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9-9-1963</u>	
23c. LOCATION (City, town, or county) <u>Blytheville, Ark.</u>		23d. LOCATION (City, town, or county) <u>Blytheville, Ark.</u>	
24. FUNERAL DIRECTOR <u>Robertsons, West Plains, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		27. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 11 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

A. A. Peterson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.